

United Faculty of Palm Beach State College

Pre-Grievance Form

Potential Grievant – In order to assist the grievance committee in determining whether your experience is in violation of our contract, please fill out the highlighted areas.

<b>Grievant</b>	Grievance Representative
<b>Name:</b> _____	Name: _____
<b>Mailing Address:</b> _____ _____	Mailing Address: _____ _____
<b>Phone Number:</b> _____	Phone Number: _____

Date of Occurrence (Month/Day/Year):

Statement of Facts: - Please include a brief narrative, no longer than two paragraphs, indicating exactly what happened and when:

Citation of Articles Violated -Please give us your opinion regarding the articles of the contract, relevant Board rules, or state statutes violated:

Remedy Sought:

Signature of  
Grievant: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_